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** CONTINUING DATA *****

verified CT

This application is a CON of 10/279,607 10/24/2002 ABN
 which is a DIV of 09/577,443 05/24/2000 ABN
 which claims benefit of 60/135,856 05/25/1999

** FOREIGN APPLICATIONS *****

none CT

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/18/2005

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <i>CT</i>	IL	3	13	2

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TITLE

Dental x-ray apparatus

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
RECEIVED 770		<input type="checkbox"/> 1.16 Fees (Filing)
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